

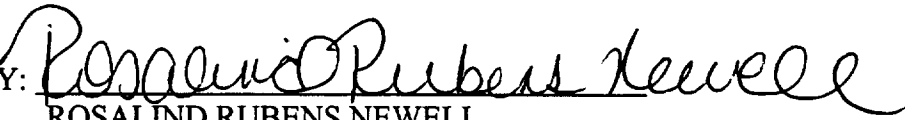
01- R-1035

Entered - 4-23-01 - sb
CL 01L0261 - ALEXIS HOLMES

CLAIM OF: **MATT BACKMON**
709 Channing Drive
Atlanta, Georgia 30318

For damages alleged to have been sustained as a result of flooding in
his basement on March 16, 2001 at 709 Channing Drive.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0261

Date: 6/22/01

Claimant /Victim MATT BLACKMON

BY: (Atty)(Ins.) _____

Address: 709 Channing Drive Atlanta, Georgia 30318

Subrogation _____ Claim for Property damage \$ 1,446.96 Bodily Injury \$ _____

Date of Notice: 4/5/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/16/01 Place: 709 Channing Drive

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained property damages to the basement of his home from a stopped up storm drain. The City Sewer Operations Division responded to the claimant's call and determined that the catch basin was stopped up. Furthermore, the City did not have notice of any storm drain problems at this location prior to the March 16, 2001 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

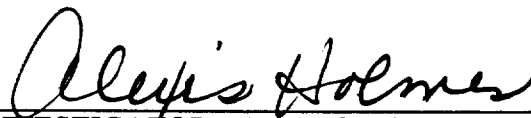
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-26-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Holmes
04/19/07
DM

Today's Date: 3/24/01

5 2001

ENTERED - 4-23-01 - SB
01L0261 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1446.96 property and /or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 3/16/01 2. Time of Incident: 8:00 pm 3. Police called: X
(month/day/year) Yes No

4. Location of incident (including street address): 709 Channing Drive

5. Name of your insurance company: State Farm Policy No. _____

6. State what and how incident occurred: my crawl space became flooded for the 1st time since I have lived here (8 years). After a couple of days of pumping water out only to have it come back in it was determined that the storm drain outside the house was backed up. My hot water heater and furnace are in my crawl space!

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Matt Blackmon
Signature of Claimant

Matt Blackmon
(Print Claimant's Name)

709 Channing Drive
(Address)

Atlanta, GA 30318
(City, State and Zip Code)

(770) 997-1708 (404) 352-8259
(Work Number) **01-R-1035** (Home Number)